

from the office of

Senator Edward M. Kennedy

of Massachusetts

SENATOR KENNEDY RELEASES GENERAL ACCOUNTING OFFICE
(GAO) REPORT ON CIVILIAN WAR CASUALTY AND HEALTH PROGRAM IN LAOS

HOLD FOR RELEASE, SUNDAY
MARCH 19, 1972

Senator Edward M. Kennedy, Chairman of the Judiciary Subcommittee on Refugees, said today that "thousands of civilian war casualties in Laos are continuing to document a shadowy war in which the purpose and degree of American participation are still being kept from the American people."

"No amount of official rhetoric can hide the simple fact that the situation in Laos continues to deteriorate. The war escalates. The bombing continues. The civilian toll increases daily. Hospital conditions for civilian casualties are appalling. Management deficiencies continue in the USAID/Laos programs -- and AID continued to be used as a cover for CIA funding after an announced cut-off date."

Senator Kennedy made his comment in releasing a heavily "sanitized" summary of a classified GAO report on a Follow-up Review of Civilian Health and War-Related Casualty Program in Laos. The GAO is the independent investigating agency of Congress.

The GAO report released today is the third released from a series of reports on war-related civilian problems in Indochina. Reports on the serious problem of war victims in Cambodia and on civilian war casualty and health programs in Vietnam were released earlier. The series of reports, requested by Senator Kennedy last July, are part of the Subcommittee's continuing effort since 1965 to document humanitarian problems in Indochina, and to upgrade official priority and concern for civilian suffering and needed relief programs.

The report released today documents:

-- that AID health funds programed for war victims continued to be used for CIA activities -- after a 1971 assurance to the Subcommittee by AID administrator John Hannah that the practice would be "terminated" on June 30, 1971;

--- that official management deficiencies in AID programs, documented in earlier GAO reports to the Subcommittee, "persist";

-- that official statistics on civilian war casualties remain "incomplete and of doubtful validity" -- as in the case of Vietnam, the actual occurrences of civilian casualties is much higher than official statistics;

SANITIZED SUMMARY OF THE
GENERAL ACCOUNTING OFFICE REPORT ON
" FOLLOW-UP REVIEW OF CIVILIAN HEALTH AND WAR-RELATED CASUALTY
PROGRAM IN LAOS "

GENERAL

1. "There is virtually no indigenous medical capability in Laos to meet the immediate or long-range public health needs of the general population or to treat casualties in war zones."

2. " As stated in our prior report on civilian health and war-related casualties in Laos (B-133001, November 25, 1970), USAID/ Laos does not have a formal civilian health and war casualty program. The assistance rendered in this area is included as part of the Public Health Development program, which consists of the Operation Brotherhood project, the Village Health project....."

a. Operation Brotherhood helps to operate hospitals in 6 urban areas through contract with a Filipino charitable group.

b. The Village Health Project supports a large number of small dispensaries, two hospitals, and one hospital functioning as a dispensary -- all located in rural areas. Although the stated purpose of the Village Health Project is classified "secret" in the main body of the CAO report, the official summary of the report clearly states the Project's purpose is to "provide essential care to military and paramilitary groups, refugees and local village communities."

3. Recent USAID/Laos finding:

	Fiscal year		
	1970	1971	1972
	----- (000 omitted) -----		
Obligations	\$4,575	\$4,774	\$4,956
Percent:			
Operation Brotherhood			
Project	33.5	40.3	42.6
Village Health			
Project	<u>66.5</u>	<u>59.7</u>	<u>57.4</u>
Total	100.0	100.0	100.0

" For fiscal year 1970 and 1971, \$500,000 to \$600,000 additional is also applicable to these projects for air transport of commodities and personnel."

4. " At the initiation of our review, Department of State and AID officials in Washington, D.C., advised us that files would be reviewed to remove (1) documents prepared separately or jointly by other agencies, (2) sensitive information requiring higher levels of review before release, (3) congressional and White House correspondence, and (4) any classified information determined not to be important to GAO's review."

ASSISTANCE TO LAO MILITARY AND PARAMILITARY FORCES AND THEIR DEPENDENTS

1. This chapter of the GAO report is classified "secret".
2. This chapter, however -- as did similiar chapters in earlier GAO reports on Laos -- continues to document and support independent findings of the Subcommittee.
3. Some background to current report:

a. Although AID officials publicly recognized in mid 1970 that economic assistance funds should not be used as a cover to finance military activities, AID continued to furnish substantial amounts of medical support to Lao military et al. The was being done on a non-reimbursable basis, and with little or no control over the distribution and use of the medical support items.

b. As a result of the 1970 hearings by the Subcommittee on Refugees, USAID/Laos prposed that a cost sharing agreement pertaining to U.S. support of Lao military et al, be negotiated by AID with the other U.S. government agencies involved. Progress on such agreements was very slow.

c. Finally, in a May 7, 1971 letter addressed to Senator Kennedy, AID Administrator John Hannah stated: "I can report to you now that with one shift made early this year and others that will be effective at the beginning of fiscal year 1972, all of the A.I.D. financing with which you have been concerned will be terminated."

4. Despite this assurance by Dr. Hannah, A.I.D. funds programed for civilian war casualties and health care in Laos continued to be used to support Lao military et al, after the "beginning of fiscal year 1972."

INFORMATION ON ACCIDENTAL BOMBINGS

1. This chapter of the GAO report is classified "secret".
2. This chapter, however, continues earlier documentation of the Subcommittee on Refugees regarding incidents of accidental bombing, the number of civilians killed or wounded, and the disposition of claims arising from accidental bombings.

2a

-- that the mortality rate in some villages is often extremely high, up to 900 percent above the accepted "criterion" which requires "special remedial measures";

-- that "accidental bombings" continue;

-- that hospital facilities are often over-crowded, congested, dirty, and without adequate facilities.

Senator Kennedy said: "I am dismayed that once again the GAO documents an extraordinarily tragic situation. The fierce warfare in Laos, including the bombing, is adding heavily to the crisis of people which has swept across Indochina. The escalating human toll throughout the area continues to be of too little concern to our government, which bears a heavy responsibility for contributing to the tragedy."

Attached is the "sanitized" summary of the GAO report. For additional information call 225-4118.

- 30 -

OBSERVATIONS ON USAID/LAOS MANAGEMENT

1. Delegation of responsibility:

a. "We previously reported that management of the AID program had been delegated largely to USAID/Laos. AID officials in Washington, D.C., exercised some control over operations in the field through authorization of funds for support of the program. Most of the records concerning the details of the program were located at USAID/Laos. There has been no change in these management practices."

b. "USAID/Laos officials do not attempt to monitor in any detail the activities of the mission's technical divisions, such as the Public Health Division. The USAID/Laos Director keeps informed of the technical divisions' programs primarily through regular staff meetings. Written procedures governing the operations of the Public Health Division have not been considered necessary because the Division Chief has held that position from the inception of the program 8 years ago and because the management of the medical program has been carried out by this Division Chief."

2. Management Information System:

a. Last year we reported that there were few written internal instructions within the USAID/Laos Public Health Division and noted that overall management information data showing the results of public health projects were not being compiled."

b. Management deficiencies "persist"--

" -- adequate written instructions, guidelines, and procedures have not been issued.

-- Management decisions have not been documented.

-- Dispensaries and hospitals have not always reported on their operations.

-- Field activities have not reported information on a consistent basis.

c. USAID/Laos advised the GAO that "the staff had little time for record keeping and long-range planning considered by the GAO as desirable for effective management."

3. Training of Lao personnel:

a. Laos has never had a sufficient number of trained medical personnel to care for its people. For example, "there are about 36 Laotian doctors, of which 17 are in the military and 19 are administrators of the Royal Lao Government."

b. A major objective of the U.S. assistance is to train Lao health personnel. The training programs are "behind schedule."

c. However, "the Public Health Division Chief stated that he did not plan to start another training program for new medics before the end of fiscal year 1972. He said that there was no need for additional medics and nurses now, although ideally it would be nice to have two medics trained for every dispensary. At the time

of our review, there were 223 medics for 220 dispensaries. Public Health Division officials were of the opinion that -- in the absence of catastrophes, such as epidemics, large numbers of deaths in a particular area, or complaints from the Laotian people themselves -- the medical program was adequate."

4. Even though there has been a slight increase in U.S. health personnel, nothing is being done to develop "long-range plans relative to civilian war casualties, training programs, and management systems."

OPERATION BROTHERHOOD PROJECT

1. Operation Brotherhood activity has developed and operated six hospitals. A seventh "was overrun by the enemy in May 1971."

2. Hospital admissions (in patients) have "increased significantly"-- from some 20,831 in fiscal year 1970 to some 26,887 in fiscal year 1971. This was an increase of 29%.

3. In 1971 out patients at the hospitals averaged some 15,400 per month.

4. In 1971, the GAO found that all hospitals "were handling more patients than they were staffed to handle." The "maximum feasible number of beds" available was 245 -- the "average actual daily patient load" was 321.

5 GAO reports that medical services would probably "suffer with any substantial increase in the number of patients if the hospitals staff was not increased." GAO reports some progress in additional hospital staff, and also reports some progress in increasing bed capacity at three hospitals.

6. GAO visited all six Operation Brotherhood hospitals. GAO observed that conditions at these hospitals were better than other hospitals in Laos. Nevertheless, GAO notes:

a. "Patients overcrowding at five of the six hospitals. Beds were close together and often had to be supplemented with cots. At Keng Kok patients were put outside in screened verandas, and at Sayaboury patients were put in an open breezeway."

b. "Ward areas congested by patients' relatives and friends who ate and slept in ward areas. This condition was not observed at Vientiane and Keng Koj, where family visiting hours were enforced."

c. "Generally poor sanitary conditions, such as dirty sheets and wearing of dirty street clothes in hospital beds. At Khong Sedone, the bathrooms were inoperable and had been for over a year and ambulatory patients were required to use a nearby wooded area and creek."

d. "Conditions at the Pakse provincial hospital considerably worse than those at any of the Operation Brotherhood or Village Health hospitals. Patients' rooms were poorly lighted; floors were dirty; and dietary kitchen, laboratory, laundry, and autoclave equipment were considered inadequate by Operation doctors. Overall, this appeared to be the most unsanitary hospital observed."

VILLAGE HEALTH PROJECT

1. Important sections of this chapter are classified "secret"-- notably those discussing the purpose of the Village Health Project, the types of facilities supported, the number of patients treated, and the funding arrangements.

2. GAO observations on conditions in Village Health Project hospital facilities :

a. Patient overcrowding -- ward areas congested by patients' families -- poor sanitary conditions, such as dirty cots and sheets.

b. GAO observed " substantial improvement in the site 272 facilities which resulted from the construction of new wards to replace the open huts observed last year."

3. GAO observations on conditions in Village Health Project dispensaries:

a. "Generally orderly" -- each "staffed by at least one medic" -- "well stocked with medical supplies"--

b. " Our visits and discussions with refugees in the villages revealed that the people were using these medical facilities and that there was no evidence visable of insufficient medical attention. Moreover, the death rates in the villages were not abnormally high."

CIVILIAN WAR CASUALTIES AND MORTALITY

1. GAO reports some improvement in the overall reporting of public health statistics -- but official statistics on civilian war casualties are "incomplete and of doubtful validity".

2. "We previously noted that during the first six months of 1970, the Village Health project dispensaries treated, on the average, 2,000 war casualties a month, of which about 600 were civilians, according to Public Health Division documents. For a similar period during 1971, war casualties treated by all USAID/Laos-supported medical facilities averaged 1,072 a month, of which 157 were civilians. Although this information showed a decrease in the number of war casualties, the available data were not complete or reliable enough to allow us to reach any conclusions concerning the nature, extent, or trends of war casualties in Laos. The Public Health Division Director believes, however, that the number of civilian casualties has been decreasing since the 1968 and 1969 period, because civilians are now in more secure areas."

3. According to Public Health Division documents, USAID/Laos supported facilities treated some 1,668 civilian war casualties from July 1970 through September 30, 1971. The monthly rate increased very substantially from November 1970 through June 1971.

(NOTE: The Director of the USAID Public Health Program in Laos informed Subcommittee staff members in August 1970, that the civilian casualty rate in Laos since 1968,

" probably ran at least as high as that in Vietnam." What this probably meant in specific terms for Laos-- with a population of less than 3,000,000 -- was that at least 30,000 civilian war casualties occurred from early 1969 to mid 1970. This figure would include deaths, those treated in medical facilities and those not treated at all. As is the case in Vietnam, the actual occurrences of civilian casualties are much higher than official figures based solely on incomplete hospital admission data.)

4. GAO reports that " our inquiry revealed that reports on mortalities were incomplete, and available data on the causes of death were insufficient to allow us to reach any conclusions concerning war-related mortality rates."

5. GAO reports that " we were unable to obtain sufficient data to permit an objective evaluation of USAID/Laos efforts to minimize mortality rates."

6. USAID has established a maximum mortality level for villages. If the level is exceeded, special remedial measures are supposed to be taken.

7. GAO reports that " in analyzing the reports available on mortalities for the 3-month period ended June 30, 1971, we found that, for the month of June, the actual deaths exceeded this criterion from 110 percent to 900 percent at 16 locations. For the months of April and May, we found that the criterion was exceeded at 10 locations for each month."

8. " Documentation indicating that Public Health Division officials were aware that the mortality rate was was significantly beyond the established criterion was available in only three of the 26 locations referred to above."